

Parkinson's Disease

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Introduction

When one applies widely used statistics regarding the incidence of new cases diagnosed with Parkinson's disease (PD) to the Maltese population one finds that approximately 600 new cases may be diagnosed annually.

PD is caused by the degeneration of nerve cells in the brain that are responsible for the production of a chemical messenger known as dopamine. Without this chemical various 'neuronal circuits' are affected and consequently failure of normal function gives rise to the signs and symptoms associated with PD. Neuronal circuits dependent on dopamine are widespread in the brain. The signs and symptoms manifested in the course of the disease depend on which neuronal circuits have become involved. PD affects each person differently. The most commonly associated feature is tremor however this may not be present in up to thirty per cent of persons affected. Whereas rigidity is always present and though not so visible it gives rise to slowness in movement. It is often not appreciated that much more effort is required to carry out the simplest of tasks.

Research into different aspects of PD has been carried out and is still on going. This has given rise to numerous medications being available that target dopamine replacement or that enhance the function of dopamine in the brain. More recently preparations of medications that are released slowly into the bloodstream have been developed ensuring less fluctuation in the physical, cognitive and communicative abilities of the person with Parkinson's. The medical management of persons with PD is complex. If one is to minimise and manage drug side-effects it is advisable that the person presenting with or suspected of having Parkinson's is assessed and followed up by either a neurologist with an interest in Parkinson's or a geriatrician with an interest in Parkinson's. As a holistic approach is vital to ensuring optimal care a multidisciplinary involvement is essential

A feature of Parkinson's is lost facial anima i.e. the face appears mask-like giving the misleading impression that the person with PD is 'unfriendly', 'uninterested', 'cold'. When this occurs early in the disease, perhaps even before the person is even diagnosed, there is a greater likelihood that it will have a negative effect on personal relationships; isolating the person when he or she needs support most.

Communication and swallowing difficulties in Parkinson's Disease

Muscle rigidity together with the decreased ability to monitor and regulate one's speech also may render speech unintelligible. Swallowing difficulties may also be experienced. Other modes of communication such as gesture, writing and reading may also be compromised. The person's ability to communicate with others may be far more affected than his/her ability to understand what is being said and communicated, but may be facilitated by external cues e.g. asking him /her questions to overcome difficulties with initiating conversation.

More than half of the person's diagnosed with PD will manifest communication difficulties therefore early referral to a Speech Language Pathologist is essential to maintain communication skills at their optimal level and to counsel a person with Parkinson's and his/her carers as to the effect on communication. Early identification and advice regarding any swallowing difficulties is also important to prevent aggravated physical decline and reduce the likelihood of aspiration.

Tips to facilitate expressive communication

- ❖ Carry out any relaxation, breathing and voice and oral-facial exercises on a daily basis. Do this preferably with the aid of either a mirror, or tape recorder to provide as much external feedback as possible to reach optimal performance and to support any impaired self-monitoring skills.

- ❖ Imagine that you are talking in a larger room and speak in a slightly louder voice

- ❖ Monitor your listener's facial expression for clues that they may be having difficulty following what you are saying.

- ❖ Don't be tempted to sit too close to your listener, unless you are hearing impaired as this will make you lower your voice and you may find yourself speaking in a whisper. This may result in vocal abuse if it becomes a habitual pattern.

- ❖ If you find it difficult to get a word in edgeways when someone is talking, you may find it easier if you first signal your intention to speak with a gesture or eye gaze.
- ❖ Be aware that if there is less intonational variation, your speech will not only make it hard for your listener to maintain attention, but also misunderstandings may arise if questions are indistinguishable from statements. This is especially common in Maltese where there is no inversion of the subject and auxiliary verb, for example in English one would say "Has Tony taken the money?" or the use of construction "Did Tony take the Money?" In Maltese-English the statement is turned into a question by rising intonation e.g. 'Tony took the money?'
- ❖ Use an alphabet chart to help regulate speech by pointing to the first letter of each word you are about to say.

Parkinson's Classes

In addition to offering a multidisciplinary, holistic approach to the management of persons with Parkinson's Disease, Zammit Clapp Hospital runs a Parkinson's class on a yearly basis. This seeks to educate persons with Parkinson's and their carers about the condition and its management not only from a medical standpoint but also through the physical interventions and advice carried out by other team members e.g. speech language pathologist, physiotherapist, occupational therapist, social worker, dietician, nurse pharmacist and activity organiser. The class is run over a ten week period and participants attend one hour sessions on a weekly basis.

Useful links

Parkinson's Disease Society of Great Britain www.parkinson.org.uk